

IOLA LIVING ASSISTANCE  
185 CHET KRAUSE DRIVE

IOLA 54945 Phone: (715) 445-2412  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/05): 50  
Total Licensed Bed Capacity (12/31/05): 50  
Number of Residents on 12/31/05: 44

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 50

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)		%	
Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		27.3	
Developmental Disabilities	0.0	Under 65	2.3	1 - 4 Years		54.5	
Mental Illness (Org./Psy)	9.1	65 - 74	6.8	More Than 4 Years		18.2	
Mental Illness (Other)	2.3	75 - 84	22.7			-----	
Alcohol & Other Drug Abuse	0.0	85 - 94	45.5			100.0	
Para-, Quadra-, Hemiplegic	0.0	95 & Over	22.7				
Cancer	6.8		-----	Full-Time Equivalent			
Fractures	2.3		100.0	Nursing Staff per 100 Residents			
Cardiovascular	11.4	65 & Over	97.7	(12/31/05)			
Cerebrovascular	9.1		-----				
Diabetes	9.1	Gender	%	RNs		13.8	
Respiratory	11.4		-----	LPNs		11.1	
Other Medical Conditions	38.6	Male	27.3	Nursing Assistants,			
	-----	Female	72.7	Aides, & Orderlies		46.6	
	100.0		-----				
			100.0				

\*\*\*\*\*  
Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
			Per Diem				Per Diem				Per Diem				Per Diem				Total	%
Level of Care	No.	%	Diem (\$)	No.	%	Diem (\$)	No.	%	Diem (\$)	No.	%	Diem (\$)	No.	%	Diem (\$)	No.	%	Diem (\$)	Resi- dents	Of All
Int. Skilled Care	2	33.3	327	1	3.0	159	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	6.8
Skilled Care	4	66.7	327	31	93.9	135	0	0.0	0	5	100.0	155	0	0.0	0	0	0.0	0	40	90.9
Intermediate	---	---	---	1	3.0	111	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		33	100.0		0	0.0		5	100.0		0	0.0		0	0.0		44	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	7.4	Bathing	0.0	81.8	18.2	44
Private Home/With Home Health	0.0	Dressing	9.1	65.9	25.0	44
Other Nursing Homes	7.4	Transferring	13.6	81.8	4.5	44
Acute Care Hospitals	85.3	Toilet Use	13.6	75.0	11.4	44
Psych. Hosp.-MR/DD Facilities	0.0	Eating	36.4	54.5	9.1	44
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	68	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.5	Receiving Respiratory Care		22.7
Private Home/No Home Health	61.9	Occ/Freq. Incontinent of Bladder	40.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	22.7	Receiving Suctioning		0.0
Other Nursing Homes	2.4			Receiving Ostomy Care		0.0
Acute Care Hospitals	4.8	Mobility		Receiving Tube Feeding		9.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		11.4
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	31.0	With Pressure Sores	4.5	Have Advance Directives		95.5
Total Number of Discharges		With Rashes	4.5	Medications		
(Including Deaths)	84			Receiving Psychoactive Drugs		79.5

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.0	94.2	0.99	88.1	1.05	88.3	1.05	88.1	1.06
Current Residents from In-County	72.7	76.6	0.95	73.2	0.99	70.5	1.03	77.6	0.94
Admissions from In-County, Still Residing	14.7	23.1	0.64	17.1	0.86	20.5	0.72	18.1	0.81
Admissions/Average Daily Census	136.0	116.9	1.16	157.6	0.86	123.5	1.10	162.3	0.84
Discharges/Average Daily Census	168.0	121.8	1.38	161.4	1.04	126.7	1.33	165.1	1.02
Discharges To Private Residence/Average Daily Census	104.0	52.4	1.99	63.4	1.64	50.1	2.07	74.8	1.39
Residents Receiving Skilled Care	97.7	98.1	1.00	96.2	1.02	94.1	1.04	92.1	1.06
Residents Aged 65 and Older	97.7	97.5	1.00	93.7	1.04	92.5	1.06	88.4	1.11
Title 19 (Medicaid) Funded Residents	75.0	66.4	1.13	68.3	1.10	70.2	1.07	65.3	1.15
Private Pay Funded Residents	11.4	23.7	0.48	20.2	0.56	19.0	0.60	20.2	0.56
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.5	0.00	5.0	0.00
Mentally Ill Residents	11.4	37.4	0.30	34.6	0.33	37.2	0.31	32.9	0.35
General Medical Service Residents	38.6	22.9	1.68	24.3	1.59	23.8	1.62	22.8	1.70
Impaired ADL (Mean)	50.0	49.9	1.00	49.5	1.01	47.2	1.06	49.2	1.02
Psychological Problems	79.5	57.1	1.39	58.5	1.36	58.9	1.35	58.5	1.36
Nursing Care Required (Mean)	6.5	6.4	1.02	6.5	1.01	7.1	0.92	7.4	0.88